

HOUSE BILL No. 1327

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-36-4-10.

Synopsis: Living wills. Amends the form of a living will declaration to permit the declarant to address the declarant's wishes regarding organ donation.

Effective: July 1, 2001.

Kruse

January 9, 2001, read first time and referred to Committee on Judiciary.

C
o
p
y



Introduced

First Regular Session 112th General Assembly (2001)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2000 General Assembly.

HOUSE BILL No. 1327

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 16-36-4-10 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2001]: Sec. 10. The following is the
3 living will declaration form:

4 LIVING WILL DECLARATION

5 Declaration made this _____ day of _____ (month, year). I,
6 _____, being at least eighteen (18) years of age and of sound
7 mind, willfully and voluntarily make known my desires that my dying
8 shall not be artificially prolonged under the circumstances set forth
9 below, and I declare:

10 If at any time my attending physician certifies in writing that: (1) I
11 have an incurable injury, disease, or illness; (2) my death will occur
12 within a short time; and (3) the use of life prolonging procedures would
13 serve only to artificially prolong the dying process, I direct that such
14 procedures be withheld or withdrawn, and that I be permitted to die
15 naturally with only the performance or provision of any medical
16 procedure or medication necessary to provide me with comfort care or
17 to alleviate pain, and, if I have so indicated below, the provision of

2001

IN 1327—LS 7266/DI 98+



C
o
p
y

artificially supplied nutrition and hydration. (Indicate your choice by
initialling or making your mark before signing this declaration):

_____ I wish to receive artificially supplied nutrition and
hydration, even if the effort to sustain life is futile or excessively
burdensome to me.

_____ I do not wish to receive artificially supplied nutrition
and hydration, if the effort to sustain life is futile or excessively
burdensome to me.

_____ I intentionally make no decision concerning
artificially supplied nutrition and hydration, leaving the decision
to my health care representative appointed under IC 16-36-1-7 or
my attorney in fact with health care powers under IC 30-5-5.

_____ **I wish to donate organs upon my death as follows:**

_____.

_____ **I do not wish to donate organs upon my death.**

_____ **I intentionally make no decision concerning the
issue of donating organs upon my death, leaving the decision
to my health care representative appointed under
IC 16-36-1-7 or my attorney in fact with health care powers
under IC 30-5-5.**

In the absence of my ability to give directions regarding the use of
life prolonging procedures, it is my intention that this declaration be
honored by my family and physician as the final expression of my legal
right to refuse medical or surgical treatment and accept the
consequences of the refusal.

I understand the full import of this declaration.

Signed _____

City, County, and State of Residence

The declarant has been personally known to me, and I believe
(him/her) to be of sound mind. I did not sign the declarant's signature
above for or at the direction of the declarant. I am not a parent, spouse,
or child of the declarant. I am not entitled to any part of the declarant's
estate or directly financially responsible for the declarant's medical
care. I am competent and at least eighteen (18) years of age.

Witness _____ Date _____

Witness _____ Date _____

C
o
p
y

